
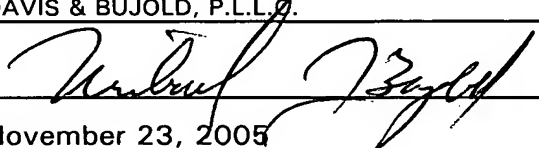
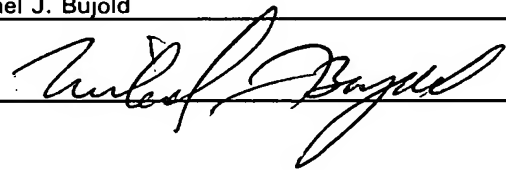


<div style="text-align: center;">  <p><b>TRANSMITTAL FORM</b></p> <p><i>(to be used for all correspondence after initial filing)</i></p> </div>	Application Number	10/800,576
	Filing Date	March 15, 2004
	First Named Inventor	Hans HÖFLER
	Group Art Unit	3681
	Examiner Name	Dirk WRIGHT
Total No. of Pages in this Submission: 5	Attorney Docket Number	ZAHFRI P606US
<b>ENCLOSURES</b> <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <i>(in Duplicate)</i> <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>  Postcard Submission of Issue Fee Supplemental Declaration "Fee Address" Indication Form
REMARKS		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C. <div style="text-align: right;">Reg. No. 32,018 CUSTOMER NO. 020210</div>	
Signature		
Date	November 23, 2005	
<b>CERTIFICATE OF MAILING</b>		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>November 23, 2005</u> .		
Type or printed name	Michael J. Bujold	
Signature	 <div style="text-align: right;">Date: November 23, 2005 (lfb)</div>	